

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MNAN0096056-01

|                          |  |                       |         |
|--------------------------|--|-----------------------|---------|
| Date In: 2/11/20 - 11:12 | Job description                          | Date & Time Completed | Done by |
| Ref No: 16/11/201894/24  | SAS e-filing                             |                       |         |
| Veh No: SLX 61043        | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A : 1/11/20 - 15:00  | i-Motor Claim Form                       |                       |         |
| OD / TP / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                          | i-Photo Uploaded                         |                       |         |
| TP Insurer:              | Assessment/Survey Report                 |                       |         |
|                          | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SLX 11289

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

## General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks: (INC hotline: 6788 6616) Date & Time Completed Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time Actions

NA2006038

## Invoice Preparation Checklist

Am't (\$)

Inc Bill

Am't (\$)

Add Bill

Claimant's Particulars:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON:

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile \$0

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2 / 3:

Invoice dated

Fee Charged

Invoice dated

Fee Charged



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

|                            |                              |
|----------------------------|------------------------------|
| Date Of Report             | 02/11/2020 11:12             |
| Date Of Accident           | 01/11/2020 15:00             |
| Exact Location Of Accident | LOR 37 GEYLANG TWDS SIMS AVE |
| Country/State of Loss      | SINGAPORE                    |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLX6104B             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | TENG YOON POH        |
| NRIC No                     | SXXXX465E            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-86112587 |
| Alternative Phone No        | OFFICE-86112587      |

### Vehicle Particulars

|  |                           |
|--|---------------------------|
| Manufacturer   | MERCEDES-BENZ             |
| Model  | C180 AVANTGARDE (R17 LED) |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USE               |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                        |
| If No, Please state action to be taken                                       | REPORTING ONLY            |
| Vehicle Category   | PRIVATE CAR               |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | 1800027069-02                        |
| Cover Note Number         |                                      |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | SHI YANJUN           |
| NRIC No              | SXXXX876F            |
| Date Of Birth        | 15/10/1996           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 03/10/2018           |
| Driving Experience   | 2 YEARS AND 0 MONTHS |
| Gender               | FEMALE               |
| Mobile Number        | (LOCAL) +65-90990342 |
| Fax Number           |                      |
| Contact Number       | OFFICE-90990342      |
| EEmail Address       | NOEMAIL              |

|   |                               |
|---|-------------------------------|
| Address   | 5 LORONG 39 GEYLANG<br>#03-05 |
| Postcode  | 387866                        |
| Was driver an employee of the Insured's Company     | NO                            |
| If No, Relationship of the Driver with the Insured  | CHILDREN                      |
| Vehicle Registration Number of Driver's Own Vehicle | -                             |
|   | -                             |
| Insurance Company of Driver's Own Vehicle           | -                             |
|   | -                             |
|   | -                             |

#### General Information of the Accident

|                    |                            |
|--------------------|----------------------------|
| Type Of Accident   | COLLISION - MAJOR/MINOR RD |
| Weather Conditions | CLEAR                      |
| Road Surface       | DRY                        |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles (including own vehicle) involved in the accident                         | 2   |
| Was any body injured in the Accident?   | NO  |
| Was any injured conveyed to hospital by ambulance?  |     |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 1   |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | GEYLANG NEIGHBOURHOOD POLICE CENTRE                               |
| Police Station Address                    | ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-8486999 - FAX NO: 68486799                           |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20201101/2054.

#### Attachment(s)

|   |                                   |
|---|-----------------------------------|
| Are accident photos available for attachment? | YES                               |
| Was there any video captured by Car Camera?   | YES                               |
| Remarks/ Reasons:                             | VIDEO FOOTAGE WITH TRAFFIC POLICE |
| Was there any audio recorded?                 | NO                                |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SGZ1128P    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              |             |
| NRIC/Passport Number        |             |
| Contact Number              |             |
| Address                     |             |
| Postcode                    |             |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

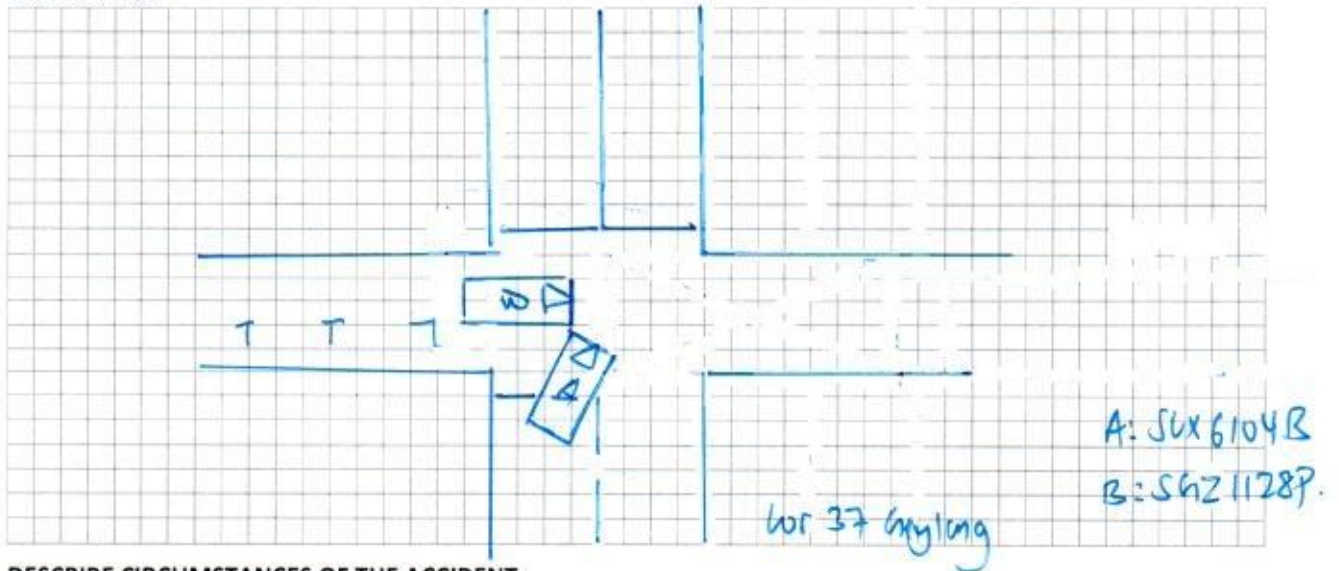
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I approached the major rd. I stopped my vehicle before the stopping line to check oncoming vehicles before I can filter out. There was some vehicles blocking on the left view. As the traffic was cleared, I slowly turn right. Suddenly I felt an impact of my vehicle and realised that vehicle B travelling along major road and hit against my vehicle front portion.

Refer to police report - 7/22/10, 1/2034.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 11 / 20) (DD/MM/YYYY), TIME: (15 : 00) (HH:MM)

LOCATION: Lor 37 Heyn Sims Logo Ave

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLX 61043  
b) INSURANCE COMPANY: AIG  
c) POLICY NUMBER: 1800027069-02  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL:  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: private  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM/ REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Teng Yoon Poh (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1367465E CONTACT: 86112587  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 90990342  
c) ADDRESS:

\* d) DATE OF BIRTH: ( ) / ( ) / ( ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: children

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) → NO

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Heylong NPC

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGJ1128P MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

Email = Yorasze@gmail.com

fax =

Video = ✓ (7P)





# SINGAPORE POLICE FORCE



T/20201101/2054

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

1 of 3

Report No. T/20201101/2054

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                          |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>01/11/2020 16:27 | Vide Report No.:<br>G/20201101/0206 | Station Diary No.:<br>41 |
|--|-------------------------------------|--------------------------|

|  |            |  |                              |
|--|------------|--|------------------------------|
| <b>Informant's Particulars</b>           |            |  |                              |
| Name of Informant:<br>SHI YANJUN         |            | Address:<br>5 LORONG 39 GEYLANG #03-05 SINGAPORE 387866  |                              |
| ID Type / ID No.:<br>NRIC NO / S9675876F |            | Contact No.:<br>Home/Office: Mobile: 90990342            |                              |
| Nationality:<br>CHINESE                  |            | Email:   |                              |
| Sex:<br>Female                           | Age:<br>24 | Date of Birth:<br>15/10/1996                             | Type of Informant:<br>Driver |
| Race:<br>Chinese                         |            | Language:  | Institution / School Name:   |
| Occupation:<br>MANAGER                   |            | Driving Licence Information:<br>Class: 3 Date of Expiry: |                              |

|   |                                 |                       |  |                                      |
|---|---------------------------------|-----------------------|--|--------------------------------------|
| <b>General Information of the Accident</b>              |                                 |                       |  |                                      |
| Type of Accident:                                       | Injury<br>Conveyed By Ambulance | Drink<br>Drive:<br>No | Date/Time of Accident:<br>01/11/2020 15:00 | Type of Location:<br>Straight Road   |
| Location:<br><br>LORONG 37 GEYLANG                      |                                 |                       |  |                                      |
| Weather:  |                                 | Road Surface:         | Road Speed Limit:                          |                                      |
| Traffic Flow:   |                                 | Traffic Control:      | Traffic Volume:                            |                                      |
| Type of Collision:<br>Between Moving Vehicles - Head On |                                 |                       |  | Anyone conveyed by ambulance:<br>Yes |

| Details of Vehicle Involved |      |               |                   |       |                  |                 |
|-----------------------------|------|---------------|-------------------|-------|------------------|-----------------|
| Vehicle No.                 | Type | Make          | Model             | Color | Condition        | No of Passenger |
| SGZ1128P                    | Car  | HONDA         | CIVIC 1.6 VTI CVT | Grey  | Slightly Damaged | 1               |
| SLX6104B                    | Car  | MERCEDES BENZ | C180 AVANTGARDE   | Blue  | Slightly Damaged | 0               |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |





**SINGAPORE  
POLICE FORCE**



T/20201101/2054

2 of 3

Report No. T/20201101/2054

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

**CONTINUATION OF REPORT**

|                                   |                |  |                                 |
|-----------------------------------|----------------|--|---------------------------------|
| <b>Driver</b>                     |                |  |                                 |
| Name                              | SHI YANJUN     | ID No.                                 | S9675876F                       |
| Related Vehicle                   | SLX6104B (Car) | Contact No.                            | 90990342                        |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL            | Degree of Injury                       | NIL                             |

**Brief Details.**

On the 1/11/2020 at about 1500hrs, I was travelling along a small road towards Lor 37 Geylang and wanted to make a right turn, however there are vehicles parked at the road side along the double yellow lines. As such, my view to look at the incoming vehicle turning from Geylang Rd was blocked, I proceed to make a right turn. I then collided onto the incoming vehicle when I proceeded. I called for the Ambulance as I saw the driver was in shocked and did not response to me well. Traffic Police was activated as well, and came to scene. Soon, the Ambulance conveyed the driver to the hospital. I did not happened to get the driver's particulars, and managed to assessed her vehicle damage. Her vehicle suffered multiple dents, scratches and paint chipped off on the front right corner of the vehicle. My vehicle suffered multiple scratches, dents on the front of the vehicle, vent cover and left side edge of the bumper were misaligned. I had handed over my in-car camera SD card to the TP as well.



**SINGAPORE  
POLICE FORCE**



T/20201101/2054

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

3 of 3

Report No. T/20201101/2054

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
G /  
Sgt 3 CHEW SONG YAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SYED MUHAMMAD ISA BIN OMAR  
ALHABSHEE  
Contact No.: 65476214

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
01/11/2020 16:27

Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120096056 Vehicle Registration No: SLX6104B  
Name (as shown in NRIC) : TENG YOON POH NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 86112587  
Email Address : \_\_\_\_\_  
Date of Accident : 01/11/2020 Time of Accident : 15:00  
Place of Accident : LOR 37 GEYLANG TWDS SIMS AVE  
Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend third party vehicle registration number

---

---

---

---

---

---

---

---

---

---

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : TENG YOON POH  
 Period of Insurance : 02 Apr 2020 To 01 Apr 2021  
 Engine No. : 27491031203076  
 Chassis No. : WDD2050402R352047

Vehicle No. : SLX6104B  
 Policy No. : 1800027069-02  
 Endorsement No. :  
 Issued Date : 20 Feb 2020

## ABOUT THE COVER

Make/Model : MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE  
 Engine Capacity/Tonnage : 1,595.00 CC Sum Insured : Market Value First Year of Registration : 2018  
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive\* :

- a) The Policyholder  
 b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.  
 This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

\* Limitations rendered Inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

## EXCESS

## Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

## Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

TENG YOON POH - \$800 (Own Damage), \$800 (Flood Cover)

## APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Eunus Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818  
 2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612228

CYCLE & CARRIAGE - YEOAL

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

88PQCC